Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

AGING AND ADULT SERVICES ADMINISTRATION (AASA)
PO BOX 45600
OLYMPIA WA 98504-5600

PRIORITY SITUATION ONLY
DATE SERVICE NEEDED

VOLUNTEER CHORE SERVICE REFERRAL

SECTION I. TO BE COMPLETED BY THE HCS/AAA/DDD SERVICE WORKER MAKING THE REFERRAL

1. CLIENT NAME	2. BIRTHDATE	3. CASE NUMBER

4. CLIENT ADDRESS | CITY | STATE | ZIP CODE

5. TELEPHONE NUMBER	6. CLIENT LIVES (CHECK ONE)	7. REFERRAL TYPE	8. MONTHLY INCOME
	☐ Alone ☐ With Spouse ☐ With Others	☐ New ☐ Client Review	$

9. RACE/ETHNICITY
☐ Black
☐ Hispanic
☐ American Indian/Alaskan Native
☐ White
☐ Asian/Pacific Islander
☐ Other (specify):

10.
☐ Limited or no English
IF CHECKED, CLIENT'S PREFERRED LANGUAGE:

HCS/AAA/DDD may authorize department-paid Chore services for clients eligible for 5 hours or less of service a month only after notification that a volunteer is not available.

11. Reason for referral:
☐ a. Client eligible for 5 hours or less of Chore service a month.
☐ b. Client ineligible for paid services because income and/or resources exceed eligibility requirements.
☐ c. Client ineligible for paid services because personal care tasks are not needed.
☐ d. Client requests tasks not paid for by the department (e.g., yard care).
☐ e. Client is on Chore service waiting list.
☐ f. Client declines state-funded services due to income participation requirements and/or estate recovery.

12; Tasks requiring VCS assistance:

13. Provide relevant client information which will assist in assigning a volunteer (e.g., health condition, living situation, available family support, special circumstances):

14. HCS/AAA/DDD SERVICE WORKER SIGNATURE	15. TELEPHONE NUMBER	16. REPORTING UNIT NUMBER	17. DATE OF REFERRAL

SECTION II. TO BE COMPLETED BY THE VCS AGENCY

18. VCS AGENCY NAME	19. DATE REFERRAL RECEIVED	21. Is volunteer available?
	20. SERVICE BEGIN DATE	☐ Yes ☐ No

22. Reason service is not provided:

23	24. Referral made to other resource(s) (must have client consent for referrals made on client's behalf):
☐ Client will call as help is needed. ☐ Client declines services.	

25. DATE HCS/AAA/DDD NOTIFIED	METHOD OF FOLLOW-UP	26. VCS AGENCY WORKER SIGNATURE
	☐ Form ☐ Telephone	

DISTRIBUTION: White - Service Record Yellow - AASA Pink - VCS Pending Goldenrod - HCS/AAA/DDD Pending